

011404

16179 U.S. PTO

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	249212022900
	First Inventor	Daniel R. SKAAR
	Title	AUXILIARY MEMORY IN A TAPE CARTRIDGE
	Express Mail Label No.	EV 335358281 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) (2 pages)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 30] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 6]	b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paper
5. Oath or Declaration [Total Sheets 2] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	c. <input type="checkbox"/> Statements verifying identity of above copies
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (2 pages)	

ACCOMPANYING APPLICATION PARTS

- | | |
|--|---|
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) (2 pages) | |
| 10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement
(when there is an assignee) (2 pg) | <input checked="" type="checkbox"/> Power of
Attorney (1 page) |
| 11. <input type="checkbox"/> English Translation Document (if applicable) | |
| 12. <input type="checkbox"/> Information Disclosure
Statement (IDS)/PTO-1449 | <input type="checkbox"/> Copies of IDS
Citations |
| 13. <input type="checkbox"/> Preliminary Amendment | |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(Should be specifically itemized) | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed) | |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or its equivalent. | |
| 17. <input type="checkbox"/> Other: | |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

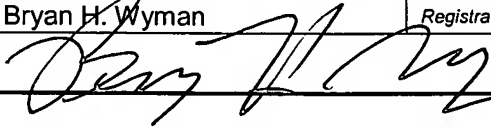
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____

Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**☒ Customer Number: **25226** OR ☐ Correspondence address below

Name				
Address				
City	State	Zip Code		
Country	Telephone	Fax		

Name (Print/Type)	Bryan H. Wyman	Registration No. (Attorney/Agent)	48,049
Signature		Date	January 14, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 335358281 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 14, 2004

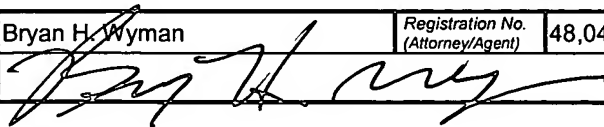
Signature: 

(Tia B. Zimmerman)

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FEE TRANSMITTAL for FY 2004				Compleat if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.				Application Number	Not Yet Assigned
				Filing Date	Concurrently Herewith
				First Named Inventor	Daniel R. SKAAR
				Examiner Name	Not Yet Assigned
				Art Unit	Not Yet Assigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Attorney Docket No.	249212022900
TOTAL AMOUNT OF PAYMENT		(\$)		1,740.00	
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:			3. ADDITIONAL FEES		
Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP					
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity	Fee Description	Fee Paid		
Fee Code (\$)	Fee Code (\$)				
1001 770	2001 385	Utility filing fee	770.00		
1002 340	2002 170	Design filing fee			
1003 530	2003 265	Plant filing fee			
1004 770	2004 385	Reissue filing fee			
1005 160	2005 80	Provisional filing fee			
SUBTOTAL (1)		(\$)	770.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims 43 - 20 = 23 x 18.00 = 414.00 Independent Claims 9 - 3 = 6 x 86.00 = 516.00 Multiple Dependent 290.00 = 0.00					
Large Entity	Small Entity	Fee Description	Fee Paid		
Fee Code (\$)	Fee Code (\$)				
1202 18	2202 9	Claims in excess of 20			
1201 86	2201 43	Independent claims in excess of 3			
1203 290	2203 145	Multiple dependent claim, if not paid			
1204 86	2204 43	** Reissue independent claims over original patent			
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)		(\$)	930.00		
**or number previously paid, if greater; For Reissues, see above					
SUBMITTED BY			(Complete if applicable)		
Name (Print/Type) Bryan H. Wyman		Registration No. (Attorney/Agent) 48,049	Telephone (650) 813-5779		
Signature 		Date January 14, 2004			